TRICARE
TRICARE Management Activity

Uniform Business Office
Providing Resources to Enhance Care

Data Quality: UBO & TPOCS

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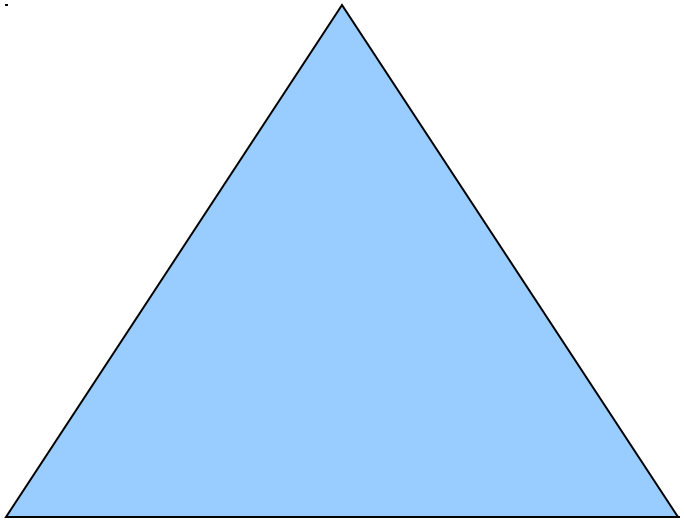
OUTLINE

- Uniform Business Office (UBO)
- MTF Revenue Cycle
- Data Quality Characteristics
- Data Quality and How it Affects Each Phase of the Revenue Cycle
- UBO Success Factors
- Third Party Outpatient Collection System (TPOCS)
- Resources

UNIFORM BUSINESS OFFICE

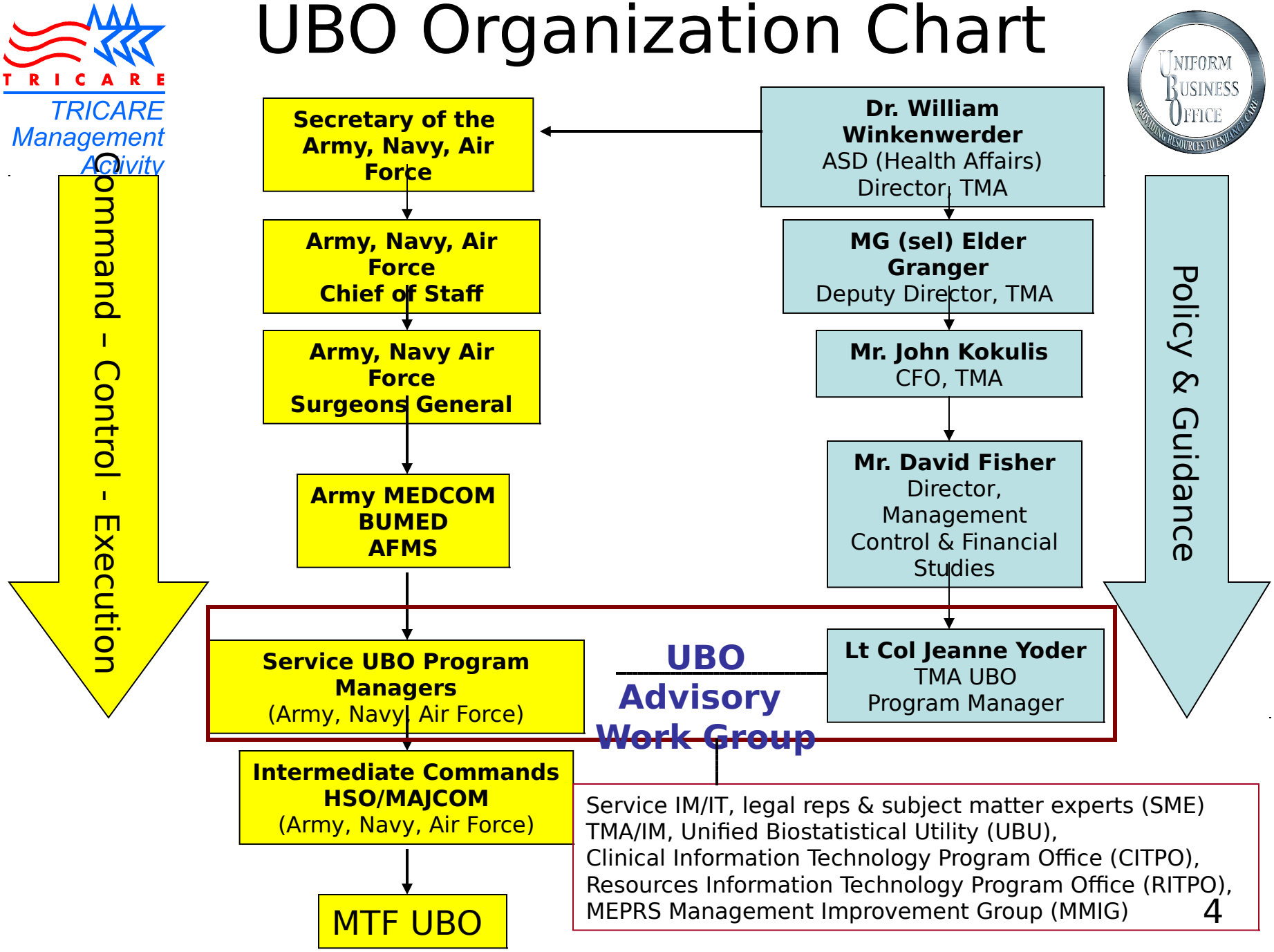
Third Party Collections (TPC)



Medical Services Account (MSA)

Medical Affirmative Claims (MAC)

UBO Organization Chart



Direct Care TPCP

FY02 – FY05 - Billed & Collected

($ Millions)

Service	*FY02 Billed -- Collected	*FY03 Billed -- Collected	*FY04 Billed -- Collected	*FY05 Billed -- Collected
Outpatient				
Army	$45.1 $27.4	$37.6 $18.5	$40.8 $21.9	$48.6 $24.7
Navy	$23.7 $15.2	$19.0 $10.8	$21.6 $14.6	$24.2 $13.4
Air Force	$52.8 $26.8	$49.5 $18.3	$67.2 $30.6	$70.2 $26.1
Total	**$121.6 $69.4**	**$106.1 $47.6**	**$129.6 $67.1**	**$143.0 $64.2**
Inpatient				
Army	$61.4 $25.7	$44.6 $20.9	$42.8 $22.5	$39.3 $21.4
Navy	$34.9 $13.8	$19.5 $9.3	$19.8 $10.0	$20.1 $9.4
Air Force	$37.8	$33.9	$26.9	$26.7 $11.3

*NOTE: Collected includes dollars for healthcare services provided in previous FYs and may exceed current FY billings. Different billing methodologies in place for outpatient billing; FY02 used an all-inclusive/flat rate based upon MEPRS clinic; FY03 involved a transition to Outpatient Itemized Billing (OIB).

Data source: MTF DD 2570 as reported to the TMA UBO Metrics Reporting System

TRICARE Management Activity

Direct Care TPCP

Draft 1st Qtr - Billed & Collected

($ Millions)

Service	*FY03 Billed -- Collected		*FY04 Billed -- Collected		*FY05 Billed -- Collected		*FY06 Billed -- Collected	
Outpatient								
Army	$2.0	$6.1	$3.1	$4.8	$4.8	$5.6	$7.5	$6.4
Navy	$0.5	$3.3	$1.8	$3.2	$2.9	$3.4	$3.0	$3.4
Air Force	$3.5	$4.4	$8.6	$5.9	$8.3	$3.7	$13.6	$7.6
Total	**$6.0**	**$13.8**	**$13.5**	**$13.9**	**$16.0**	**$12.7**	**$24.1**	**$17.4**
Inpatient								
Army	$6.2	$6.1	$7.0	$4.7	$6.8	$5.9	$7.8	$4.4
Navy	$4.1	$2.2	$2.1	$1.9	$3.8	$2.1	$3.9	$2.0
AIr Force	$7.6	$2.7	$5.4	$3.7	$5.4	$1.8	$3.8	$2.8
Total	**$17.9**	**$11.0**	**$14.5**	**$10.3**	**$16.0**	**$9.8**	**$15.5**	**$9.2**

*NOTE: Collected includes dollars for healthcare services provided in previous FYs and may exceed current FY billings. FY03 numbers reflect a transition to Outpatient Itemized Billing (OIB) and away from the previous all-inclusive/flat rate based on MEPRS clinic.
Data source: MTF DD 2570 as reported to the TMA UBO Metrics Reporting System

DATA QUALITY CHARACTERISTICS

- Accurate
- Complete
- Concise
- Cost-effective
- Relevant / Timely / Up-To-Date
- Presentation
- Consistent

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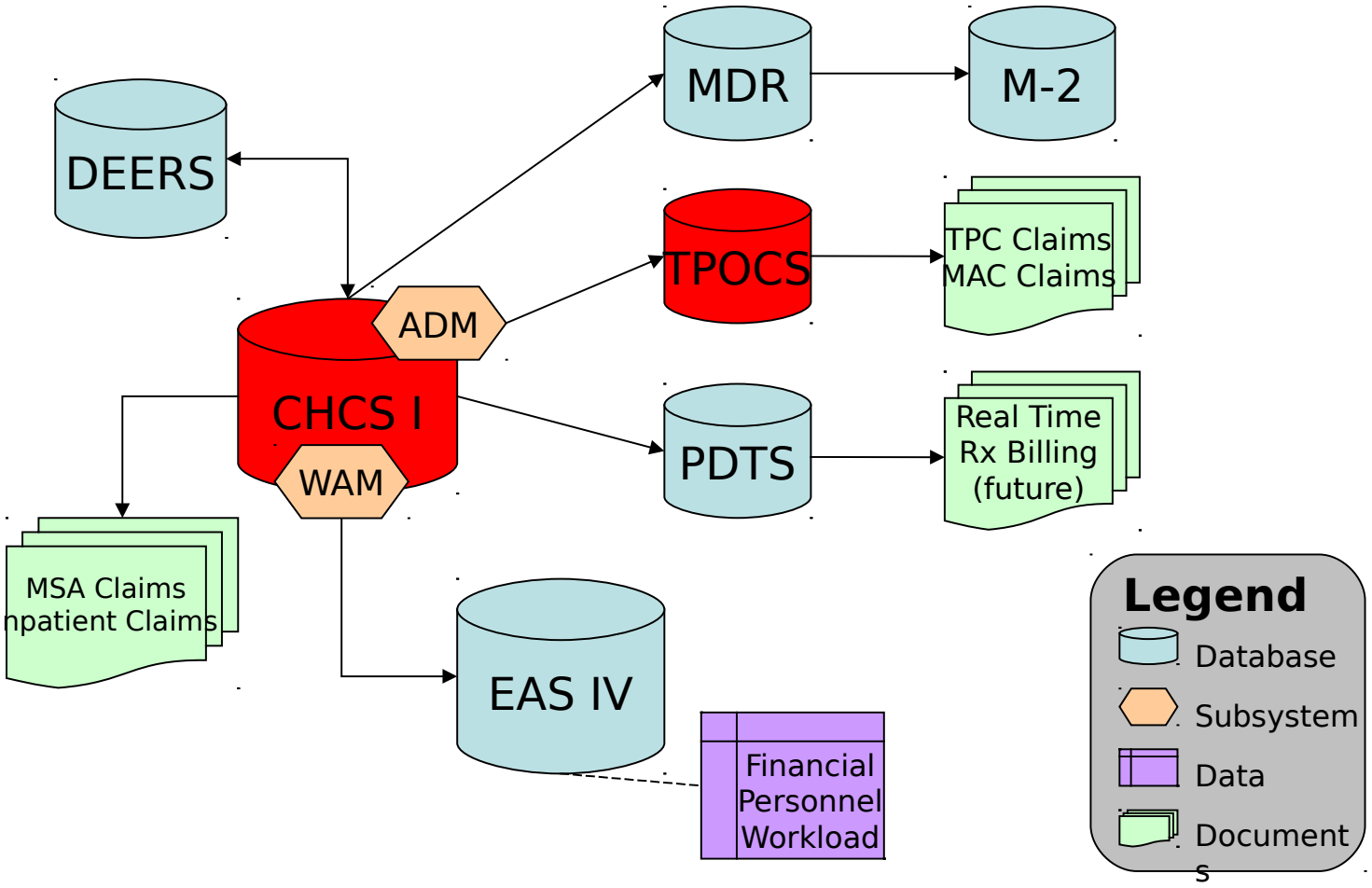
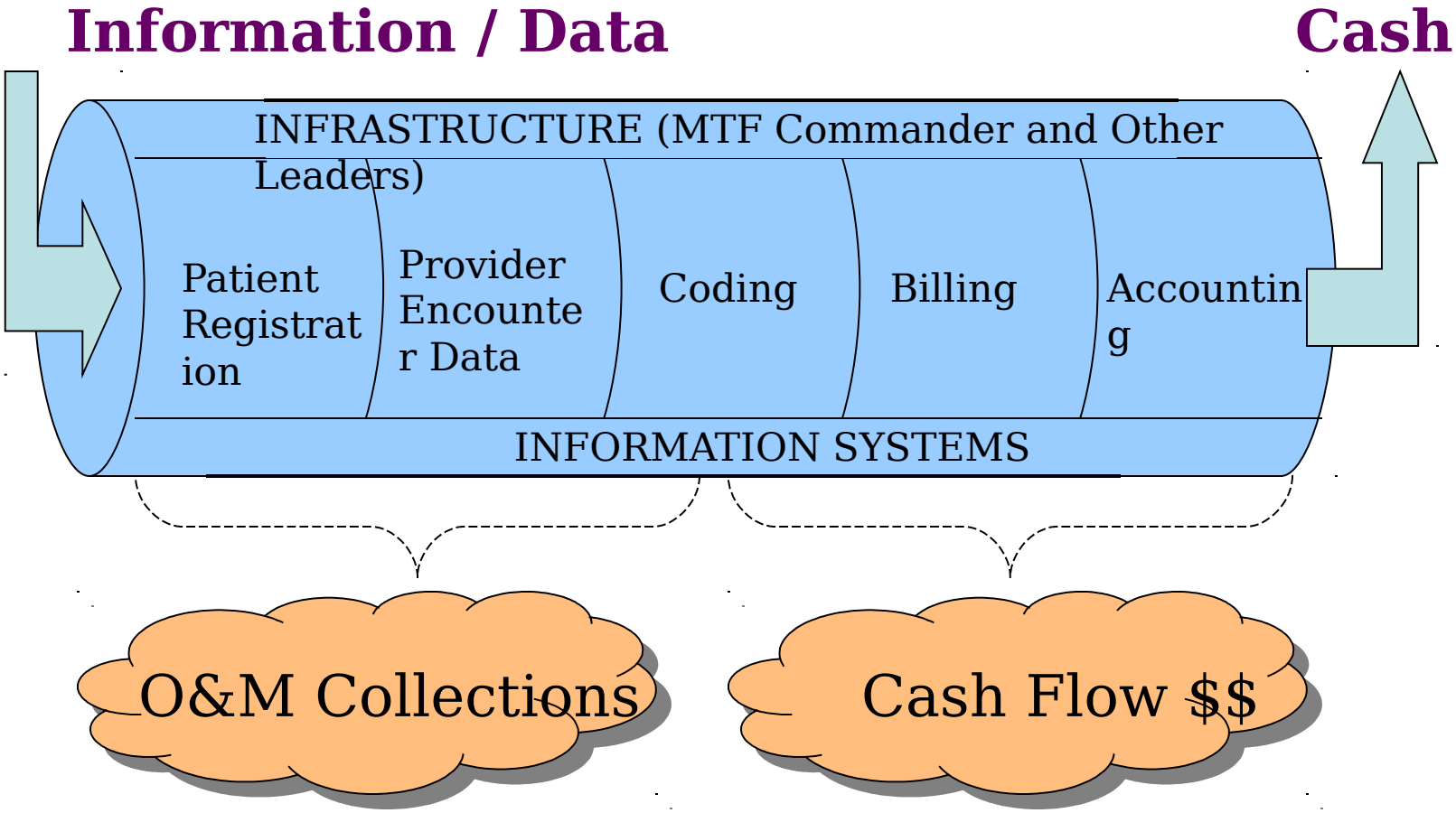
UBO SYSTEMS

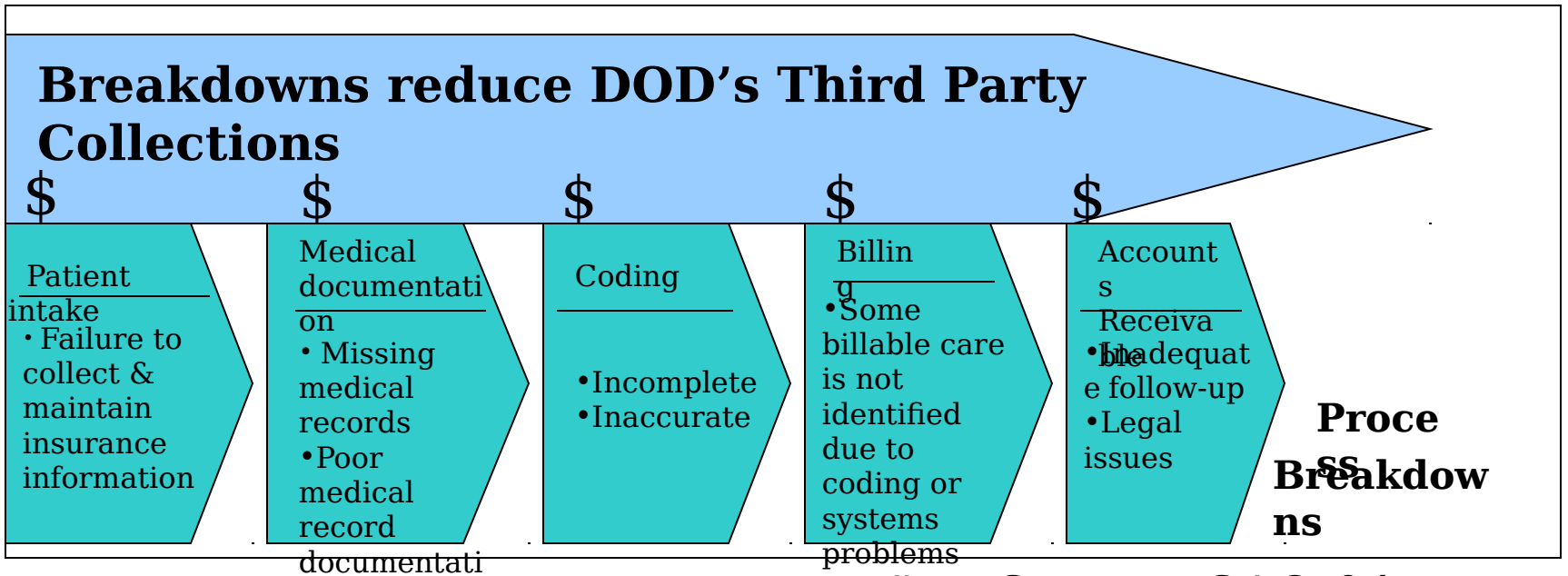


MTF REVENUE CYCLE



GAO REPORT FINDINGS

- Results from a February 2004 GAO report identified breakdowns in each phase of the revenue cycle and the resulting adverse effects on collections



Source: GAO-04-322R

PATIENT REGISTRATION

- PATCAT Entry
- Collection & Validation of OHI
- DQMC Assessable Unit

Information / Data

Cash

INFRASTRUCTURE (MTF Commander and Other Leaders)

Patient Registration	Provider Encounter Data	Coding	Billing	Accounting

INFORMATION SYSTEMS

Importance of Accurate PATCAT Entry

- Patient Category (PAT) determines the reimbursable rate (if any) for healthcare
  - Over 300 PATCATs to select from
- Challenge of Patients with Multiple PATCATs
  - Spouse of AD Member who is a Reservist and employed as a Federal Employee
- Whose responsible for training/accuracy?

Medical Affirmative Claims (MAC)

- Are all patient injuries being identified for JAG review as possible MAC cases?
  - Active Duty Included
- Is anyone training your intake personnel to identify potential MAC claims?
  - If no one is responsible then it's not getting done
- How much is your MTF losing in unidentified MAC cases?

Other Health Insurance (OHI) Information

- Use DD Form 2569 to capture OHI information about your patients
  - All Non-Active Duty Patients required to complete it every 12 months or if data changes
  - OHI needs to be entered into CHCS or it “doesn’t exist” for billing purposes
  - Direct correlation between presence of a current DD Form 2569 in patient record and rate of TPC billing
  - Reported monthly in Commander’s DQ Report

PROVIDER DATA

- Medical Record Availability
- Documentation

Information / Data

Cash

INFRASTRUCTURE (MTF Commander and Other Leaders)

Patient Registration

Provider Encounter Data

Coding

Billing

Accounting

INFORMATION SYSTEMS

CHCS Provider Specialty Codes (PSC)

- Set of codes unique to CHCS
- Current business rules preclude TPOCS from receiving ADM encounters with blank PSCs or PSCs > 900
  - (exception of 901 – Physicians Assistant)
  - 702 (Clinical Psychologist) versus 954 (Psychology)
- Site visit to large medical center found 20% of PSCs fields were blank
  - Billable ADM encounter never reaches TPOCS

Correcting the CHCS Provider Specialty Codes (PCS)

- Get your site's most current CHCS Provider Profile and review the PSC fields for accuracy
  - No blank fields
  - Billable providers have PSC under 900 (plus 901 – Physicians Assistant)
- Determine whose responsible for maintaining the PSC fields and TRAIN THEM!!!
- Periodically review the PSC fields to make sure the problem really has been permanently fixed

CODING

- HCPCS/CPT-4
- Modifiers, ICD-9-CM
- Units of Service

Information / Data → **Cash**

INFRASTRUCTURE (MTF Commander and Other Leaders)

Patient Registration	Provider Encounter Data	**Coding**	Billing	Accounting

INFORMATION SYSTEMS

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BILLING

- Insurance Verification
- Claim Form Data & Line Item Billing

Information / Data → **Cash**

INFRASTRUCTURE (MTF Commander and Other Leaders)

Patient Registration	Provider Encounter Data	Coding	**Billing**	Accounting

INFORMATION SYSTEMS

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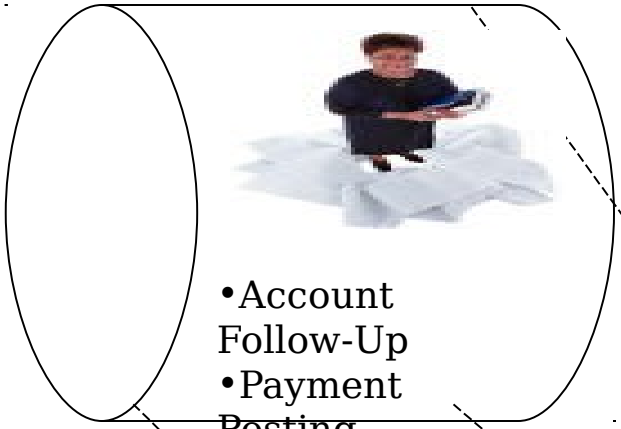
ACCOUNTING



- Account Follow-Up
- Payment Posting
- Denial Management

Information / Data **Cash**

INFRASTRUCTURE (MTF Commander and Other Leaders)

Patient Registration	Provider Encounter Data	Coding	**Billing**	Accounting

INFORMATION SYSTEMS

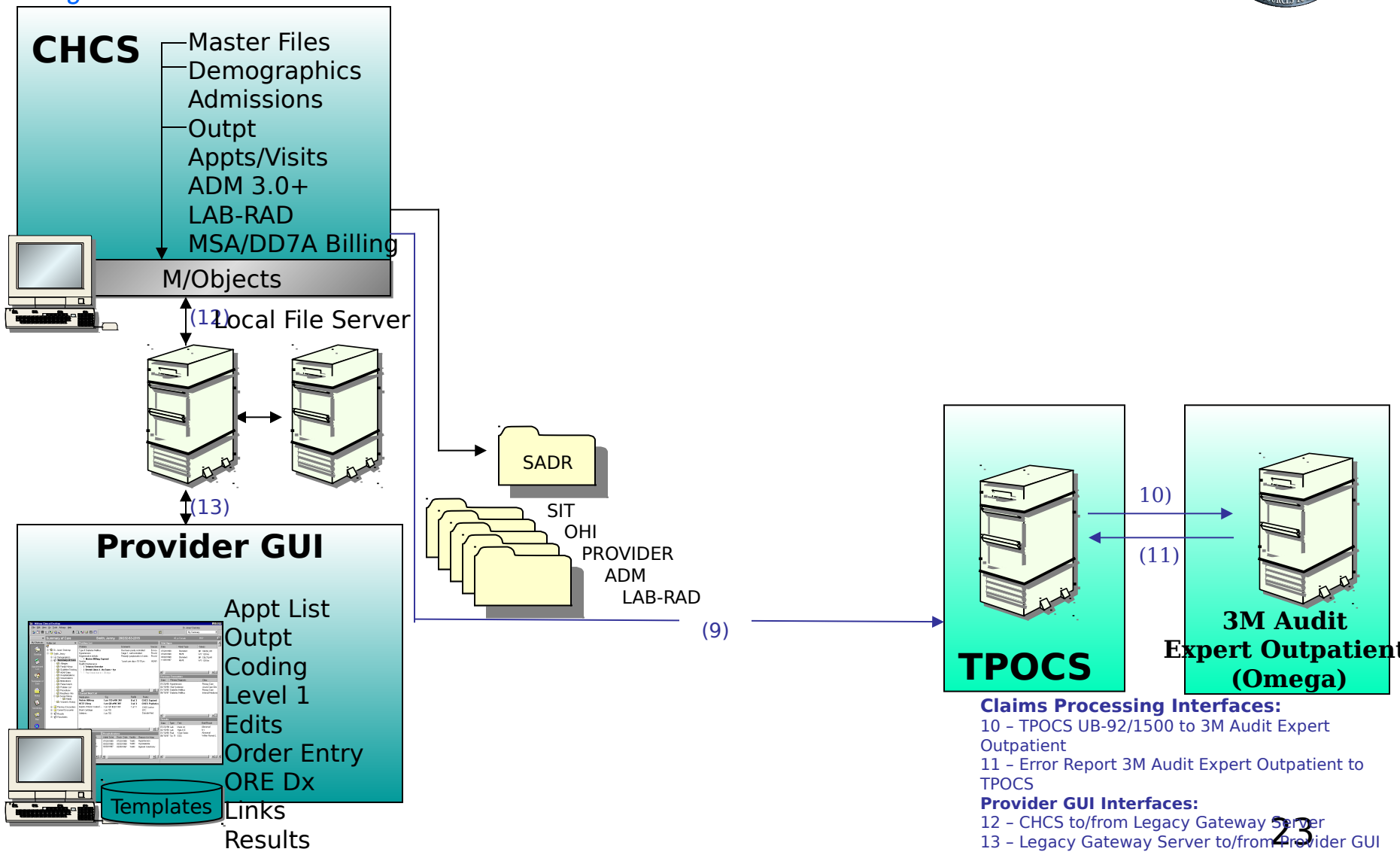
UBO SUCCESS FACTORS

- What are the Focus Points?
  - MTF Revenue Cycle
    - Team Effort (not the just the UBO's challenge)
    - Staff Education & Training
    - Electronic Interfaces
  - Leadership Involvement
    - Stress the need to complete the OHI forms (DD2569s)
    - Brief them on UBO Performance (OHI Capture, Billings & Collections)

TPOCS: BILLING SYSTEM

- What is TPOCS?
- Relationship to other systems
  - OHI in CHCS
  - Provider Specialty Codes
- Future enhancements
  - Centralized OHI Repository on DEERS
  - Patient Accounting System (PAS)/ Charge Master Based Billing (CMBB) to replace TPOCS and CHCS MSA Module for TPC billing
- Questions

TPOCS / CHCS / ADM



Claims Processing Interfaces:
10 – TPOCS UB-92/1500 to 3M Audit Expert Outpatient
11 – Error Report 3M Audit Expert Outpatient to TPOCS
Provider GUI Interfaces:
12 – CHCS to/from Legacy Gateway Server
13 – Legacy Gateway Server to/from Provider GUI

RESOURCES

- UBO Web Page
  http://tricare.osd.mil/rm/ubo_home.cfm
- RITPO Web Site
  https://ritpo.satx.disa.mil/main.asp
- TPOCS Help Desk Web Site
  http://tpocshelpdesk.com
- CHCS Web Site
  http://citpo.ha.osd.mil/index.cfm?body=chcs

QUESTIONS?

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